

MDR Tracking #M4-03-5328-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/10/03.

I. DISPUTE

Whether there should be reimbursement for 63090-52 and 63090-80 – removal of vertebral body, dated 6/18/02 and denied by the carrier on the basis of “N” – not properly documented.

II. RATIONALE

The Medical Fee Guideline, Introduction, TWCC and the Importance of Proper Coding states, “The accurate coding of services rendered is essential for proper reimbursement.”

The CPT code descriptor for 63090 is “vertebral body resection, partial or complete”... The operative report for 6/18/02 lists a “complete anterior discectomy” as the service performed. The service billed is not properly documented in the operative report. As neither the CPT coding nor the operative report agree on the service delivered, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 63090-52 or 63090-80.

The above Findings and Decision are hereby issued this 12th day of October, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb